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CONFIRMATION NO. 2405

<b>SERIAL NUMBER</b> 10/689,677	<b>FILING OR 371(c) DATE</b> 10/22/2003 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1649	<b>ATTORNEY DOCKET NO.</b> 08702.0093-00000
<b>APPLICANTS</b> Neil M. Wolfman, Dover, MA; Mary L. Bouxsein, Brookline, MA; <i>AD 10/20/06</i>				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/421,041 10/25/2002 <i>AD 10/20/06</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>NONE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/23/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and <i>AD</i> Acknowledged Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 28
		<b>INDEPENDENT CLAIMS</b> 6		
<b>ADDRESS</b> 22852				
<b>TITLE</b> ActRIIB fusion polypeptides and uses therefor				
<b>FILING FEE RECEIVED</b> 1352	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	